FY 2013 and 2014 FTA Sections 5311 and 5339 Application Form - Vehicles

Part I: Applicant Information

| Organization Legal N | lame | | | |
|------------------------|----------------|-----------------------|--------------------------|--------------------------|
| | ☐ County | ☐ State Agency | ☐ Public Transit Agen | cy Private non- |
| | other - | , | | (place an x next to your |
| type of organization |) | | | , |
| Brief Project Name | | | | |
| Amount(s) | | | Funding Year(s) | |
| Requested | | | Requested | |
| - | • | | | |
| | Local Age | ncy Project Managei | r and Contact Informatio | n |
| Name of Local Agend | cy Project | | | |
| Manager | | | | |
| Title | | | | |
| Address | | | | |
| | | | | |
| CDOT Region | | | | |
| E-mail | | | | |
| Phone Number | | | | |
| Mobile Phone Numb | er | | FAX | |
| A | Alternative Co | ntact Information (i | n absence of Project Mar | nager) |
| Name | | | | |
| E-mail | | | | |
| Phone Number | | | | |
| | | <u> </u> | | |
| | G | eneral Description of | Services Provided | |
| Applicant Description | | • | | |
| (Service Type – Fixed | | | | |
| Route, or demand- | | | | |
| response?, Open-doo | or | | | |
| public service, or | | | | |
| specialized? If you ar | re not | | | |
| a direct provider, bu | t are | | | |
| a county or municipo | ality, | | | |
| describe your "tie" to | o | | | |
| transit) | | | | |
| Note: Your Applican | t | | | |
| Description narrative | 2 | | | |
| must fit in the adjace | ent | | | |
| box without expandi | ng it. | | | |
| 2011 Passenger Trip. | s | | Transit System | \$ |
| | | | Annual Budget | ې |
| Fleet Size | | | | |
| # of Employees | | | | |
| County(s) served (or | | | | |

| major cities if not a | | | | |
|---|---------------------------|--|--|--|
| county system | | | | |
| Annual Revenue Miles | | | | |
| Annual Revenue Hours | | | | |
| Part II: Project Information | 7 | | | |
| Project Name | | | | |
| Type of bus purchase (replacement, rehab/refurbishment, or expansion). Describe the project to be funded. (A refined scope of work will be included as Appendix A to this application) | | | | |
| | | FY 2013 | FY 2014 | |
| Requested 5311 or 5339 | | \$ | \$ | |
| amount = | | | | |
| Local match amount | = | \$ | \$ | |
| Total project cost | = | \$ | \$ | |
| criterion. Each proposer is e appropriate selection criteri | ncoui ia wit infori | riteria separately, demonstrating h raged to demonstrate the respons h the most relevant information th mation has been specifically reque onse. | iveness of a project to all of the nat the proposer can provide, | |
| III-1. Threshold Criteria a. The proposed project is consistent with MPO or TPR's most recent long range Regional Transportation Plan. ☐ Yes ☐ No ☐ Unsure ☐ N/A b. Does the applicant have the technical capacity to administer the project? (see Application "Tips") ☐ Yes ☐ No Explain your answer in the box below. | | | | |
| | | | | |

| c. Does applicant have adequate financial adequate reporting and project oversight below. | J | | |
|---|---|---|---|
| d. Has the source of local match been identhe agency's governing body in a future by reserves, capital replacement fund, municimatch is not from the applicant agency by in writing? Provide documentation of the Appendix B. Explain your answer in the bo | udget? What is the scipal general fund, put another party, ha commitment of local | source of the mat private partnership as that party comi | tch (e.g., agency p, etc.)? If the mitted the match |
| e. Further describe the matching funds, in reserves, capital replacement budget, mu- source individually. If the matching funds anticipated award date. [Add/Remove Lin then right click → "Insert" → "Insert Rows Source | nicipal general fund are not committed, nes as necessary – pl | l, private partners , identify their sou lace the cursor in | ship, etc). List each urce and the bottom row |
| | | | |
| | | | _ |
| III-2. Project Readiness If the project is selected FY13 projects) or March 31, 2014 (for FY14 project promptly? □ Yes Explanation | | - | ·- |
| Project Funds would be obligated by applicant | ☐ 3 months | □ 12 montl | hc |
| within: | ☐ 6 months | ☐ 12 monti | |
| Project would be Implemented by applicant within: | ☐ 3 months ☐ 6 months | ☐ 12 montl☐ 18 montl | hs |

III-3. <u>For Vehicle replacements, refurbishments or rehabilitations</u> (skip to section III-4 for fleet expansion requests):

Criteria 1: Mileage and Usage

a. Report the age of the asset(s) to be replaced, rehabilitated, or refurbished by the proposed project. Include the VIN, current mileage (in miles), and annual revenue miles for this vehicle inc calendar year 2011. [Add/Remove Lines as necessary using prior instructions]

Table 1: Vehicles to be replaced or rehabbed/refurbished with this request

| Table 1. Vehicles to be replaced of reliabled, | | ucst . | | |
|--|------------------------------|--------------|------------|---------|
| Asset (model year, manufacturer, model or | VIN or Fleet ID | 2011 | 2011 | Current |
| variant) | | revenue | revenue | mileage |
| | | miles | hours | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| b. The project conforms to FTA's spare Application "Tips") | e ratio guidelines. 🏻 Yes | □No □l | Unsure (se | ee |
| Average Fleet Age (in Years) | | | | |
| Average Fleet Age (in Miles) | | | | |
| Spare Ratio | | | | |
| Explanation | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Criteria 2: Special Considerations | | | | |
| a.Is the proposed project consistent w | rith your agency's fleet mai | nagement o | r capital | |
| replacement plan? Provide an explana | ation in the box below and | attach a cop | y of the | |
| management plan in Appendix G. | | · | | |
| ☐ Yes | | | | |
| □ No | | | | |
| □ Not | | | | |
| Available | | | | |
| , it disable | | | | |
| | | | | |

b. Given that this request is only for capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

| ☐ Yes ☐ No | | | | | |
|---|--|--|---|---------------------------------------|--|
| □ N/A | | | | | |
| c. Table 2: Do | condi Marg road- | ition rating ginal or Po -call record | g accordin or condition ds, etc.) in | ng to the I on, provid Appendix | |
| Rating | | Condition | | Definition | |
| Excellent | | 5 | | No visible | defects, near new condition. |
| Good | | 4 | | Some sligh | ntly defective or deteriorated components. |
| Fair | | 3 | | Moderatel | ly defective or deteriorated components. |
| Marginal | | 2 | | Defective o | or deteriorated components in needs of replacement |
| Poor | | 1 | | Seriously d | damaged components in need of immediate repair. |
| Fleet Condition Rating Rationale | | | | | |
| d. | Wher | n and at w | ıhat milea | ige? Has t | ent vehicle been rehabilitated or refurbished previously? the vehicle been in an accident resulting in significant use explain. |
| Vehicle ID/VIN Rehab, refurbishment, accident history, etc. | | | | | |
| "Insert Row III-4. <u>Fo</u> <u>Crit</u> a. V | rs Belo e <mark>r Expo</mark> eria 1 Vhat o | ow" to add ansion Rol : Demonst are the red | I more line Iling Stock trated Nee asons for t | es to the f k: ed the neede | ursor in the bottom row then right click \Rightarrow "Insert" \Rightarrow following table] ed expansion? Is this project consistent with the agency's Explain the rationale for the expansion in the box below. |
| | | | | | |

Criteria 2: Special Considerations

| a. For expansion rolling stock requests, will the project conform to FTA's spare ratio guidelines? |
|--|
| ☐ Yes ☐ No ☐ N/A |
| Average Fleet Age (in Years) |
| Average Fleet Age (in Miles) |
| Spare Ratio |
| Explanation |
| |
| |
| |
| |
| b. Given that this request is for capital assistance only, is your agency committed to operating |
| the services associated with the proposed project over time? How? Provide an explanation in |
| the box below. |
| Yes Explain |
| |
| □ N/A |
| |
| a Reyand the F211 or provious F200 program (new F220) have other sources of funding been |
| c. Beyond the 5311 or previous 5309 program (now 5339), have other sources of funding been |
| tried? Is other funding being leveraged, or is the project totally dependent on a Federal award? |
| |
| |
| |
| |
| |
| d. What are the anticipated outcomes of the project? Will the expansion increase ridership, |
| reduce congestion on the State transportation system, improve service delivery, or introduce |
| other operational efficiencies? |
| other operational cyriclencies: |
| other operational efficiencies: |
| other operational egitclencies: |

Part IV: Budget Information

f. Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. Keep in mind that the state share cannot exceed 80%. [Add/Remove Lines as necessary using prior instructions]

| Project Stages with Independent Utility and Description | Federal Share | State FASTER Share (if applicable) | Local Share | Total Cost |
|---|---------------|---|----------------|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Project Totals | | | | |

Part V: Final attachments and signature

For all projects, provide Appendix A as an attachment-. If your project has a commitment for local match from a party other than your organization, include documentation as Appendix B. Attach Appendix D if applicable and Appendix G if you have a fleet management or capital replacement plan. The other Appendices are not needed.

| Appendix A | Refined Scope of Work |
|------------|---|
| Appendix B | Documentation of committed private and/or local matching funds |
| Appendix C | Environmental clearance documentation |
| Appendix D | Vehicle condition rating – supporting documentation |
| Appendix E | Overall project schedule (assume 9 months from award to approved IGA) |
| Appendix F | Detailed project cost estimate and budget |
| Appendix G | Any other pertinent information |

| | Signature |
|-----------------------------|-----------|
| Name (please type or print) | |
| Signature | |
| Title | |
| Date | |

The person signing above agrees that they have the authority to sign for the applying organization, the organization they represent supports this funding application, and that that organization intends to execute the project as proposed. This application must be signed in order to be eligible for consideration.